



## Operational Status Report

### *Kentucky MMIS Project*

*Cabinet for Health and Family Services  
Department for Medicaid Services*

Status Week Ending February 08, 2013

### Cabinet for Health and Family Services Department for Medicaid Services

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DELIVERABLE TITLE: Operational Status Report	DATE SUBMITTED: February 08, 2013
FILE NAME: 2013-02-08_KY_MMIS_Operational_Status_Report.docx	AUTHORING TOOL: Microsoft Word 2007

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## 1 Executive Summary

Claims Processed	171,558
Total Dollars Paid	\$56,697,725.06
Paper Claims Paid	1,793
Paper Claims Denied	4,766
Electronic Claims Paid	116,912
Electronic Claims Denied	48,087
Paper Claims % of Total Adjudicated Claims	3.82%
Electronic Claims % of Total Adjudicated Claims	96.18%
% Denied Paper Claims	72.66%
Denied Electronic Claims	29.14%
Claims Held in Cash Management	131,503
Dollars Held in Cash Management	\$24,368,638.98
Capitation Financial Transactions	N/A
Capitation Financial Payments	\$0.00
Suspended Claims	10,392
Total Suspended Claims > 90 Days	441
Encounter Load	<div>Dental</div> <div>December 2012</div> <div>Institutional</div> <div>December 2012</div> <div>Professional</div> <div>December 2012</div> <div>Pharmacy</div> <div>December 2012</div>
Pharmacy Claim Load	January 2013
Transportation Claim Load	April 2012
Provider Services Calls Received	2,240
Provider Services Current Service Level %	98%

### NOTE:

- Decrease in inventories during week ending January 4, 2013 due to holidays on December 31<sup>st</sup> and January 1<sup>st</sup>.

- Executive Summary – Continued**

Description	Change Order	Defect	Total
Total Open Change Orders / Defects as of 02/08/2013:	271	68	339
Total Emergency Change Orders/ Defects:	13	2	15
Total Priority Change Orders/ Defects:	136	7	143
Total Non – Priority Change Orders / Defects:	122	59	181
<b>Change Orders / Defects:</b>			
Completed During Week Ending 02/08/2013	9	0	9
Scheduled For February Release	16	3	19
Release projects marked as emergency by DMS	0	0	0
<b>Emergency Change Orders:</b>			
Completed	2	0	2
In Work	4	2	6
To Be Worked	9	0	9
Total	13	2	15
<b>Priority Change Orders:</b>			
Completed	1	0	1
In Work	59	4	63
To Be Worked	77	3	80
Total	136	7	143
<b>Completed Non-Priority List:</b>			
(Config., Suspense Reduction, Prod issues, etc.)	4	0	4
Completed Fast Track items	2	0	2

- \*1 of the 339 open CO/Defects are related to the HIPAA II/5010-Extra project.
- \*104 of the 339 open CO/Defects are child CO/Defects.

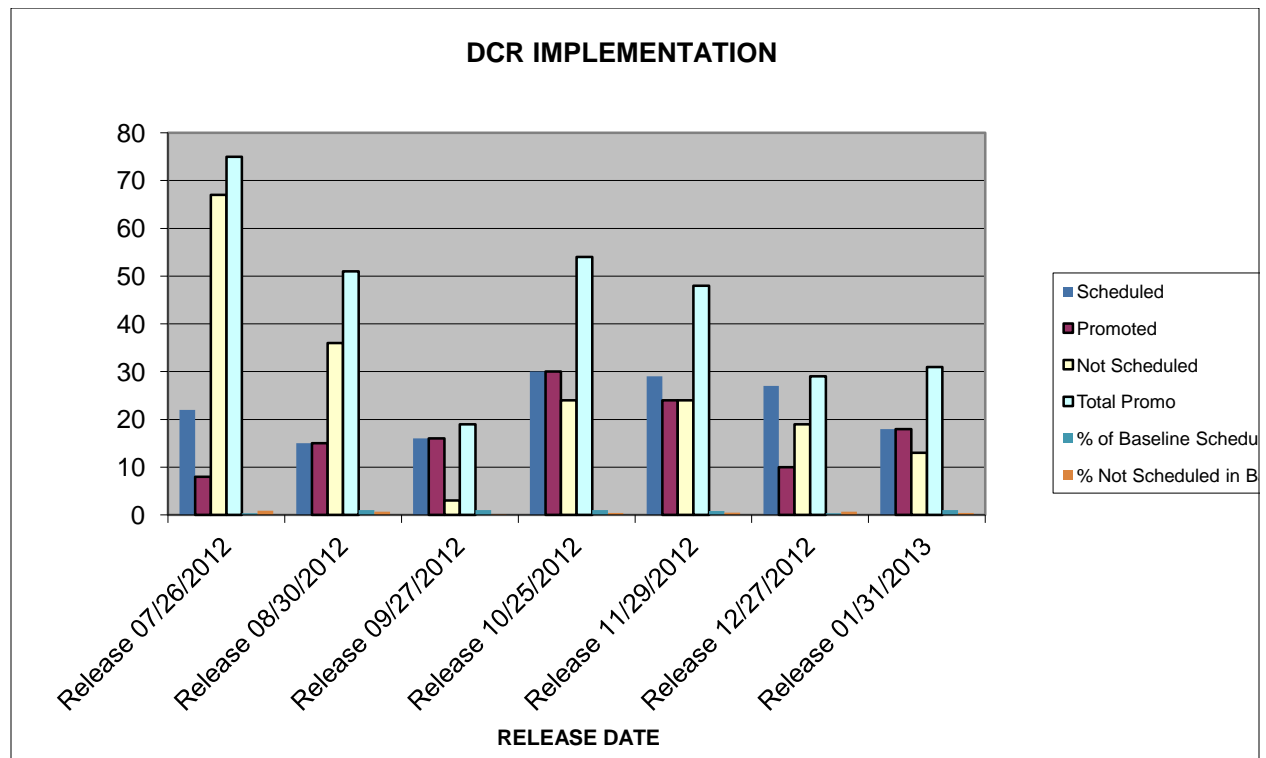
## 2 Kentucky MSIS Data Status

	ELIGIBLE	CLAIMIP	CLAIMLT	CLAIMOT	CLAIMRX
<b>Q1 2012</b> <b>Oct - Dec</b>	Approved by CMS/MPR 10/31/12	Approved by CMS/MPR 7/10/12	Approved by CMS/MPR 7/10/12	Approved by CMS/MPR 7/10/12	Approved by CMS/MPR 7/10/12
<b>Q2 2012</b> <b>Jan - Mar</b>	Approved by CMS/MPR 10/31/12	Approved by CMS/MPR 10/10/12	Approved by CMS/MPR 10/10/12	Approved by CMS/MPR 10/10/12	Approved by CMS/MPR 10/10/12
<b>Q3 2012</b> <b>Apr - Jun</b>	Approved by CMS/MPR 10/31/12	Approved by CMS/MPR 10/10/12	Approved by CMS/MPR 10/10/12	Approved by CMS/MPR 10/10/12	Approved by CMS/MPR 10/10/12
<b>Q4 2012</b> <b>Jul - Sep</b>	Approved by CMS/MPR 1/24/13	Approved by CMS/MPR 12/13/12	Approved by CMS/MPR 12/13/12	Approved by CMS/MPR 12/13/12	Approved by CMS/MPR 12/13/12

### 3 New KY MMIS Status

#### 3.1 DCR Release Implementation Dashboard

Release	Scheduled	Promoted	Not Scheduled	Total Promo	% of Scheduled	% Not Scheduled
Release 07/26/2012	22	8	67	75	36.36%	89.33%
Release 08/30/2012	15	15	36	51	100.00%	70.59%
Release 09/27/2012	16	16	3	19	100.00%	15.79%
Release 10/25/2012	30	30	24	54	100.00%	44.44%
Release 11/29/2012	29	24	24	48	82.76%	50.00%
Release 12/27/2012	27	10	19	29	37.04%	65.52%
Release 01/31/2013	18	18	13	31	100%	41.94%



**3.2 Analysis of DCR's Pulled from Release (As of 01-31-2013)**

CO#	Business Area	Description	Current Status	Comments
17568	Managed Care	New Panel for 834 Transactions	Requirements Approved	Removed 1/31/13 commit date since all of the children are on hold. HP will provide commit date once children are ready to be worked.
18450	Data Warehouse	UNV - Add MCO tables to DSS	Define/Analyze In Progress	Updated to Feb release per email from Marilynn
18451	Managed Care	Not splitting PMP assign segs for county code NEMT	Testing Sent - DMS	Della granted extension. Commit date was chg'd to Feb release.



## 4 Paper Claim Statistics

A total of 171,558 claims were adjudicated this week for a total claim payment amount of \$56,697,725.06 and a total payment amount of \$55,624,799.19

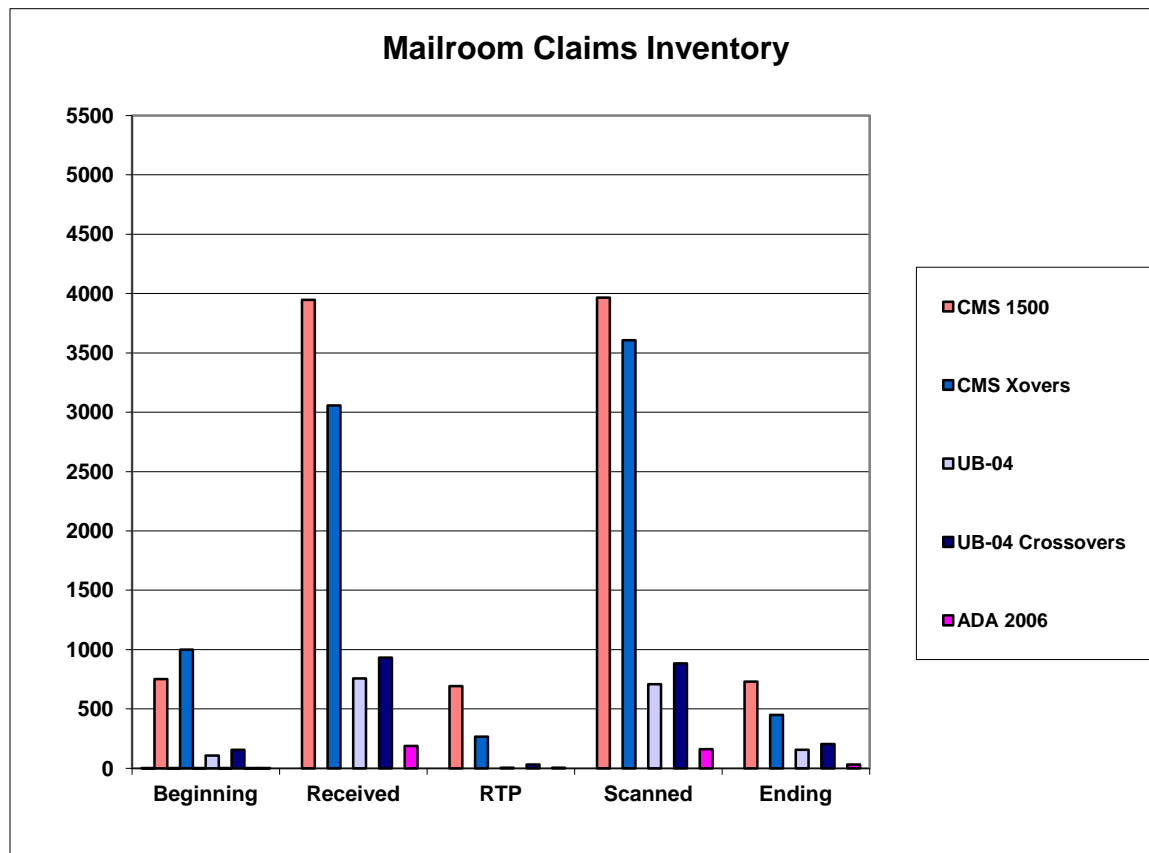
Mailroom	Beginning Inventory	Received	RTP	Scanned	Ending Inventory	Oldest Claim
CMS 1500	751	3,945	692	3,965	731	0 days
CMS Crossovers	1,000	3,057	266	3,607	450	0 days
UB-04	109	758	6	710	157	0 days
UB-04 Crossovers	157	932	31	884	205	0 days
Dental ADA 2006	2	188	5	161	32	0 days
<b>Total</b>	<b>2,022</b>	<b>8,880</b>	<b>1,000</b>	<b>9,327</b>	<b>1,575</b>	

**Note: CMS crossover receipts and ending inventory totals are estimates. Claim Forms:**

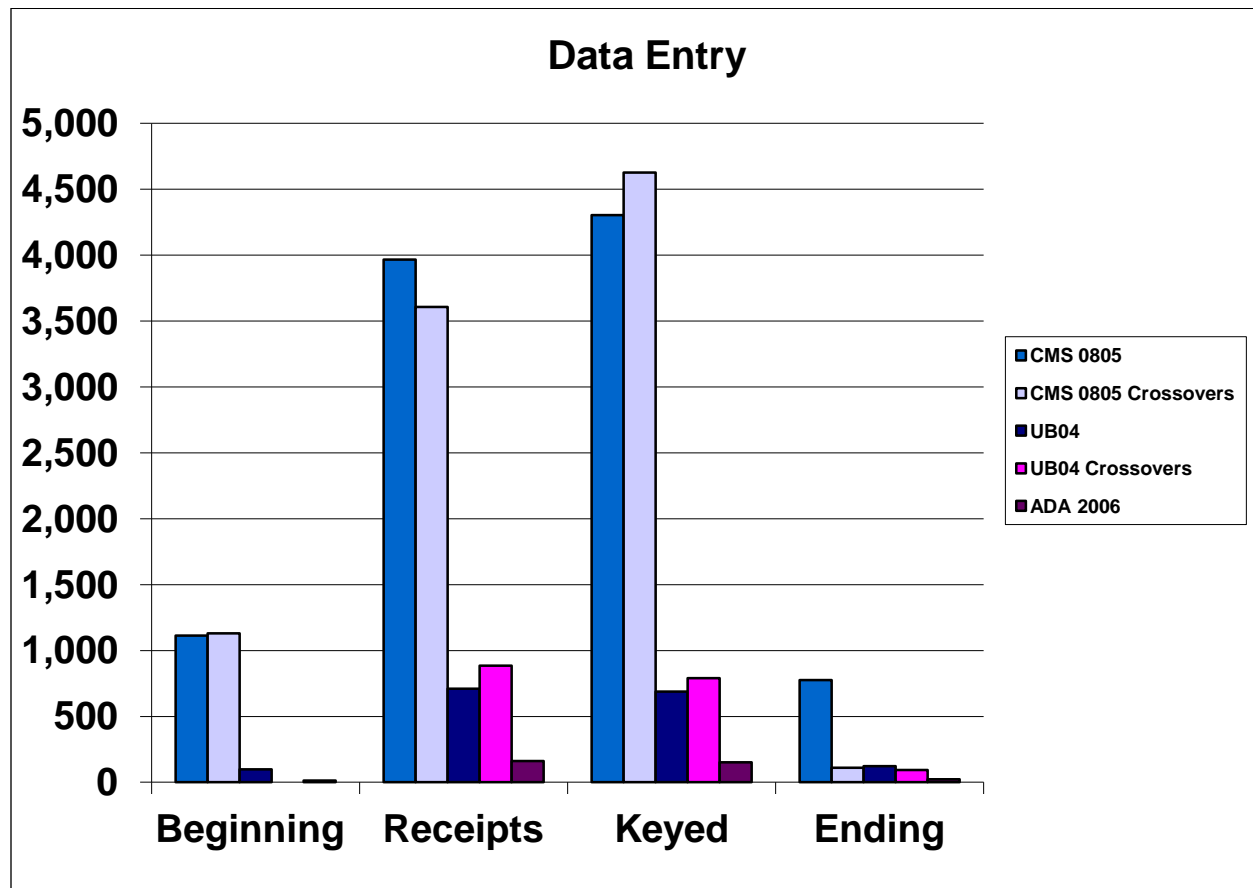
**CMS 08/05** - mandatory 8/20/2007.

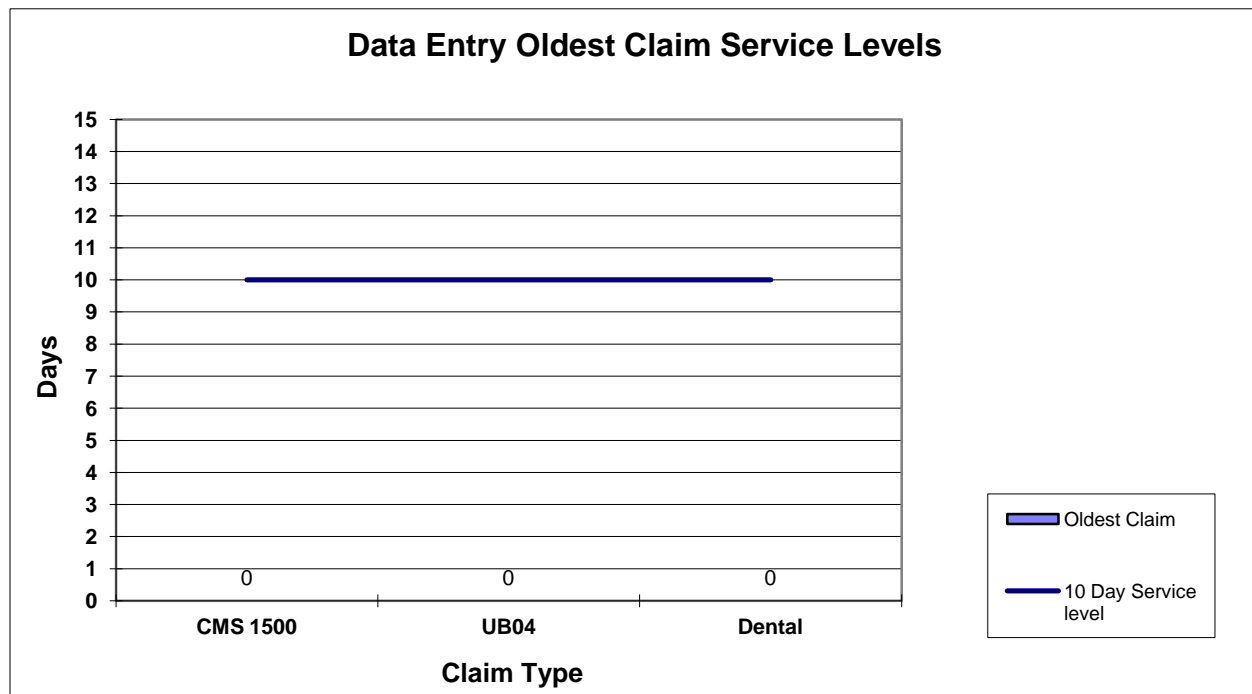
**UB04** – mandatory 5/23/2007.

**Dental ADA 2006** - mandatory 6/4/2007.



Data Entry	Beginning Inventory	Receipts	Keyed	Ending Inventory	Oldest Julian	Date	Oldest Claim
CMS 1500 08/05	1,114	3,965	4,304	775	039	02/08/13	0
CMS 1500 Crossovers	1,130	3,607	4,626	111	039	02/08/13	0
UB04	99	710	687	122	039	02/08/13	0
UB04 Crossovers	0	884	791	93	039	02/08/13	0
Dental ADA 2006	14	161	151	24	039	02/08/13	0
<b>Total</b>	<b>2,357</b>	<b>9,327</b>	<b>10,559</b>	<b>1,125</b>			





**Note: CMS Crossover and UB04 Crossover excluded from 10 day standard**

## 5 System Changes and Corrections

### 5.1 HP Enterprise Services Initiated DCRs for Week Ending 2/08/2013

ID	Defect Description	CSR Type	Subsystem	Grouping	Sub Grouping	Add Date
19399	Sorting Issue with MaxFee Panel	Defect	Reference Data Maintenance	UI		2/8/2013
19400	HIPP Payment Request Modification-TPL0025w	Change Order	Third Party Liability	Batch		2/8/2013

### 5.2 Promoted to Production / Cancelled for Week Ending 02/08/2013

ID	Subsystem	CSR Type	Description	Resolution Date	Release Type	Release
18150	Claims	Change Order	To identify and Pay lockin claims appropriately	2/4/2013	Non-Priority	Cancelled
16958	AEVS	Change Order	MCO updates for AVRS	2/4/2013	Priority	13.02.02
19360	Claims	Change Order	Remove PT 14 from timely filing editing	2/4/2013	Fast Track	13.02.02
18610	EDI and Claim Capture	Change Order	Oracle connection factory service	2/5/2013	Non-Priority	Cancelled
19146	Managed Care	Change Order	Resend Two F3 Transactions to MCAPS for reprocessi	2/6/2013	Emergency	13.02.04
19163	Managed Care	Change Order	PMP Assignments with no MCAPS Records	2/6/2013	Non-Priority	13.02.04
19209	Managed Care	Change Order	Resend MCO PMP Assignments to MCAPS	2/6/2013	Emergency	13.02.04
16040	Claims	Defect	TechDesign/Claim/UB92Claimdetail	2/6/2013	Non-Priority	Cancelled
1937	Reference Data	Change	2013 new code addition	2/7/2013	Fast Track	13.02.05

ID	Subsystem	CSR Type	Description	Resolution Date	Release Type	Release
0	Maintenance	Order				
19297	Encounter	Change Order	277U VOIDS Status Code F5	2/7/2013	Non-Priority	13.02.05
19346	MAR	Change Order	MSIS - Change dir. for unloads/temp files on UNIX	2/5/2013	Non-Priority	13.02.03
18762	Claims	Defect	Patient Liability Not taken	2/8/2013	Non-Priority	Cancelled
19219	Financial	Change Order	New sub panel for PROVIDER CONTRACT on Pay Hold	2/8/2013	Non-Priority	13.02.06

### 5.3 Data Fixes Completed for Week Ending 02/08/2013

Data fixes are now done under Defects and Change Orders; they are reported in that section upon completion.

### 5.4 Proposed for HP Release– February 2013 Baseline

CO#	CO/ Defect	Business Area	Description	Current Status	Requested As Emergency	HPES Proposed Baseline
19139	Change Order	Financial	Exclude CMHC and AAA CDO claims from prudent pay	Prod Implemented		2/8/2013
19218	Change Order	Financial	Batch - Modify Prudent Pay prgm for PRV contract	Prod Implemented		2/8/2013
19219	Change Order	Financial	New sub panel for PROVIDER CONTRACT on Pay Hold	Prod Implemented		2/8/2013
18602	Change Order	Reference Data Maintenance	PIDL update	Production Verified		2/11/2013
19268	Change Order	Provider Data Maintenance	MCO Provider file changes for PCP enhanced rate	Construction in Progress		2/28/2013
19272	Change Order	Provider Data	PCP enhanced rate create MMIS panel for	Construction in Progress		2/28/2013

CO#	CO/ Defect	Business Area	Description	Current Status	Requested As Emergency	HPES Proposed Baseline
		Maintenance	19263			
19280	Change Order	Internet	KYHealth - New Attestation Form	Configuration in Progress		2/28/2013
19281	Change Order	Internet	KYH - New attestation Form DataBase	Construction in Progress		2/28/2013
18450	Change Order	Data Warehouse	UNV - Add MCO tables to DSS	Define/Analyze In Progress	N	2/28/2013
18451	Defect	Managed Care	Not splitting PMP assign segs for county code NEMT	Testing Sent - DMS	N	2/28/2013
18916	Defect	Managed Care	MGD-0555-D needs to include preproc errors	UAT Implemented		2/28/2013
18993	Defect	Managed Care	Z Members Not Closed in PMP Assign	DMS Definition Needed		2/28/2013
19084	Change Order	Managed Care	Modify MCAPS_ELIG_INFO_SP Input Parameters	Requirements Approved		2/28/2013
19111	Change Order	Third Party Liability	TPL Carrier Info Panel - Carrier File Data	Testing Approved - DMS		2/28/2013
19118	Change Order	Member Data Maintenance	Add Message to Member Add Panel for County Code	Testing Approved - DMS		2/28/2013
19138	Change Order	Member Data Maintenance	MCO LOC error records for invalid PT	MO Override		2/28/2013
19273	Change Order	EPSDT	Revise CMS 416 5500A and KCHIP 5550A	Construction in Progress		2/28/2013
19314	Change Order	Claims	2013 CPT codes effec. 1/1/13	Testing Sent - DMS		2/28/2013
19348	Change Order	Reference Data Maintenance	2013 fee schedule add codes	MO Testing in Progress		2/28/2013

**5.5 Maintenance and Modification Hours – Per DMS Request HP is revising this chart to reflect a more accurate track Modification hours.**

2009/2010	Hours Available	Hours Used	Rate	Cost	Approved Hours	Cost of Approved Hours	Remaining Hours	Remaining Dollar Pool
Tier I - Maintenance	NA	Under Review	NA	NA	NA	NA	NA	NA
Tier II – Modification	12,000	Under Review		Under Review	0.00	\$0.00	Under Review	Under Review
Tier III – Modification	10,000	0		\$0.00	0.00	\$0.00	10,000.00	\$674,000.00
Tier IV – Modification	Above 22,000		TBD		0			

Tier I – Maintenance may result from a determination that a deficiency exists within the operational KY MMIS, including deficiencies found after takeover of modifications incorporated into the operational KY MMIS, or that continued efficiency can be maintained or achieved through the proposed activity. Included in the base rate.

Tier II – Modification hours may result from a determination that an additional requirement needs to be met or that a modification to existing file structures or current processing is needed. Initial 12,000 hours/operational year included in the base rate.

Tier III - Modification hours may result from a determination that an additional requirement needs to be met or that a modification to existing file structures or current processing is needed. Additional 10,000 hours/operational year at a defined rate.

Tier IV - Modification hours may result from a determination that an additional requirement needs to be met or that a modification to existing file structures or current processing is needed. Additional hours at a negotiated rate.

## 6 Ad hoc Reports

	Beginning	Received	Closed	On Hold	Ending Inventory	Oldest Request Overdue
Type A	0	0	0	0	0	0
Type B	1	1	1	0	1	0
Type C	5	12	9	1	8	0
Type D	2	1	1	0	2	0
Type E	0	0	0	0	0	0
HP Enterprise Services	0	2	2	0	0	0
<b>Total</b>	<b>8</b>	<b>16</b>	<b>13</b>	<b>1</b>	<b>11</b>	<b>0</b>

\*On Hold may be cumulative across multiple weeks

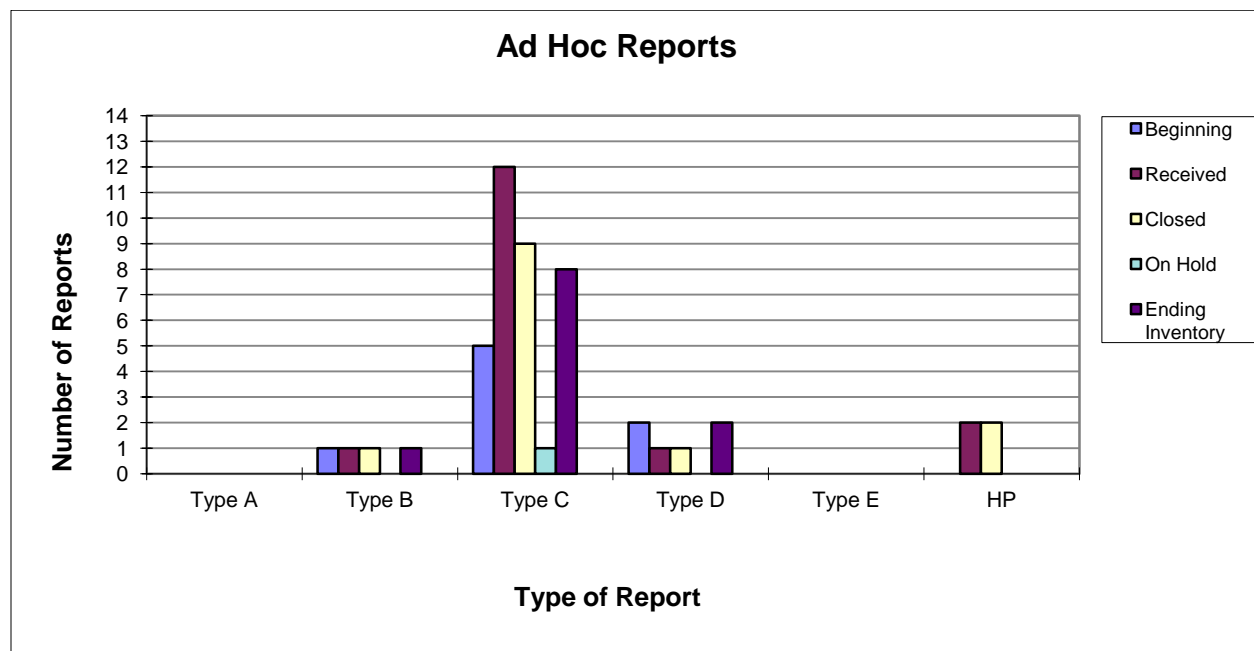
Type A – completed correctly within twenty-four (24) hours of receipt

Type B – completed correctly and delivered within forty-eight (48) hours of request

Type C – completed correctly and delivered within seven (7) business days of request

Type D – completed correctly and delivered within time frame established by DMS (greater than seven (7) business days)

Type E – Emergency reports completed correctly within two (2) hours of submitted request.





## 7 Weekly Claims Operations

### 7.1 Final Payment Summary

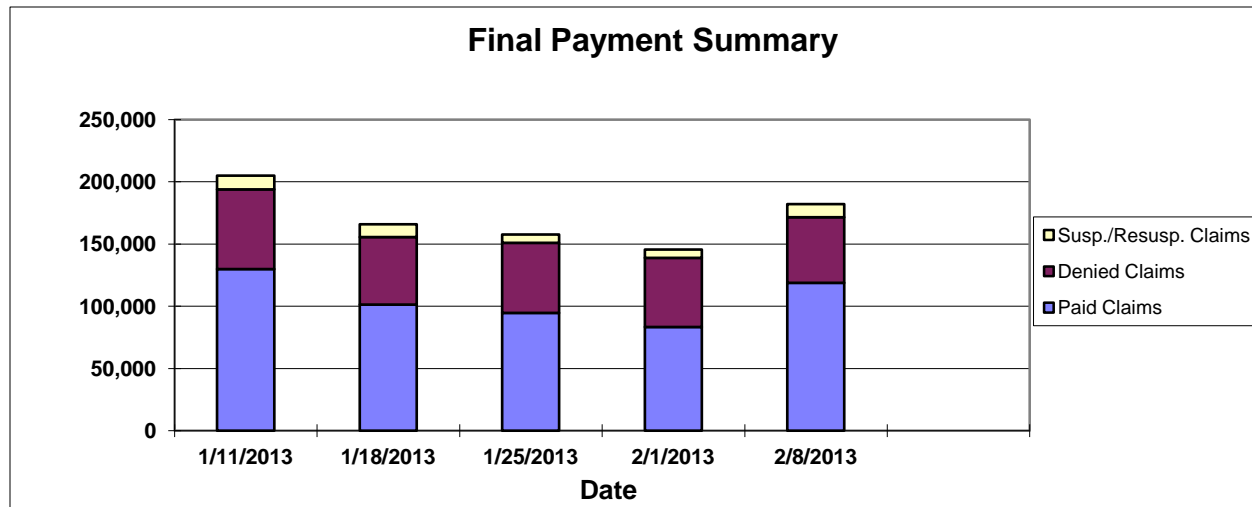
Category	01/11/13	01/18/13	01/25/13	02/01/13	02/08/13
Paid Claims	129,801	101,393	94,737	83,384	118,705
Denied Claims	63,975	54,106	56,139	55,486	52,853
<b>Total Adjudicated Claims</b>	<b>193,776</b>	<b>155,499</b>	<b>150,876</b>	<b>138,870</b>	<b>171,558</b>
Adjustments	2,432	14,590	4,714	3,267	3,525
<b>Total Claims</b>	<b>196,208</b>	<b>170,089</b>	<b>155,590</b>	<b>142,137</b>	<b>175,083</b>
Suspended/Resuspended Claims	11,002	10,403	6,591	6,716	10,392
Claim Payment Amount	\$49,992,095.92	\$34,796,085.05	\$24,597,544.06	\$49,261,346.80	\$56,697,725.06
(+) Payouts	\$1,893,867.29	\$2,828,488.45	\$14,611.72	\$60,671.38	\$43,565.77
(-) Recoupments	-\$1,149,191.87	-\$3,881,352.31	-\$867,213.67	-\$1,034,021.58	-\$1,116,491.64
<b>Check Issue</b>	<b>\$50,736,771.34</b>	<b>\$33,743,221.19</b>	<b>\$23,744,942.11</b>	<b>\$48,287,996.60</b>	<b>\$55,624,799.19</b>
Capitation Payment	\$0.00	\$0.00	\$271,407,135.79	\$5,260,472.41	\$0.00
<b>Total Paid</b>	<b>\$50,736,771.34</b>	<b>\$33,743,221.19</b>	<b>\$295,152,077.90</b>	<b>\$53,548,469.01</b>	<b>\$55,624,799.19</b>

Five week average payment equals \$97,761,067.73

Recoupments - The amount withheld from provider payments because of outstanding accounts receivable (money owed to the Medicaid program by providers)

Category	01/13/12	01/20/12	01/27/12	02/03/12	02/10/12
Paid Claims	114,014	94,436	111,267	142,217	116,486
Denied Claims	78,141	56,894	67,708	72,630	58,577
<b>Total Adjudicated Claims</b>	<b>192,155</b>	<b>151,330</b>	<b>178,975</b>	<b>214,847</b>	<b>175,063</b>
Adjustments/Claim Credits	3,446	6,109	8,175	2,486	3,238
<b>Total Claims</b>	<b>195,601</b>	<b>157,439</b>	<b>187,150</b>	<b>217,333</b>	<b>178,301</b>
Suspended/Resuspended Claims	6,072	4,983	5,017	5,534	6,242
Claim Payment Amount	\$46,078,365.39	\$33,494,927.18	\$32,445,752.53	\$82,154,968.30	\$52,451,725.36
(+) Payouts	\$10,344.14	\$11,447.55	\$379.01	\$10,924.23	\$2,304,858.78
(-) Recoupments	-\$1,438,058.47	-\$1,375,580.43	-\$1,188,354.90	-\$1,293,640.11	-\$1,752,400.58
<b>Check Issue</b>	<b>\$44,650,651.06</b>	<b>\$32,130,794.30</b>	<b>\$31,257,776.64</b>	<b>\$80,872,252.42</b>	<b>\$53,004,183.56</b>
Capitation Payment	\$0.00	\$0.00	\$251,579,230.89	\$80.00	\$0.00
<b>Total Paid</b>	<b>\$44,650,651.06</b>	<b>\$32,130,794.30</b>	<b>\$282,837,007.53</b>	<b>\$80,872,332.42</b>	<b>\$53,004,183.56</b>

Five week average payment equals \$98,698,993.77



## 7.2 Adjudicated Original Claims (By Claim)

Paper Claims	01/11/13	01/18/13	01/25/13	02/01/13	02/08/13	Average
Paid	1,697	2,847	2,473	2,782	1,793	2,318
Denied	4,624	3,828	2,522	3,425	4,766	3,833
Total	6,321	6,675	4,995	6,207	6,559	6,151
% of Total Adjudicated Claims	3.26%	4.29%	3.31%	4.47%	3.82%	3.81%
% of Paper Denied Claims	73.15%	57.35%	50.49%	55.18%	72.66%	62.31%

Electronic Claims	01/11/13	01/18/13	01/25/13	02/01/13	02/08/13	Average
Paid	128,104	98,546	92,264	80,602	116,912	103,286
Denied	59,351	50,278	53,617	52,061	48,087	51,879
Total	187,455	148,824	145,881	132,663	164,999	155,164
% of Total Adjudicated Claims	96.74%	95.71%	96.69%	95.53%	96.18%	96.19%
% of Electronic Denied Claims	31.66%	33.78%	36.75%	39.24%	29.14%	33.43%

**Total % Denied Claims – 29.9%**

### 7.3 Flush Report Claim Statistics

	UB04	CMS	Dental	Pharm	Total
Paid Claims in Error	27	275	1	0	<b>303</b>
Denied Claims in Error	37	142	4	0	<b>183</b>
Suspended Claims in Error	0	0	0	0	<b>0</b>
<b>Total Claims in Error</b>	<b>64</b>	<b>417</b>	<b>5</b>	<b>0</b>	<b>486</b>

### 7.4 Flush Report Error Occurrences Statistics

Error Number	Total Failures
1010 – Provider Name Not Found	3
2010 – Pay to Provider needs to Swap	1
3003 – No Recip Base Not Found	2
4030 – Paid Code Claim Status not P or D	4
5030 – Proc Fund Codes <> Hdr Paid Amt	15
5040 – Invalid Fund Code	1
5081 – Cash + Adj <> Orig. Claim	4
9991 – Adj Mother Info Not Found	434
9997 – Daughter Claim Prov <> Mom Claim Prov	28
<b>Total # of Occurrences</b>	<b>492</b>

### 7.5 Bad File Claim Statistics

	01/11/13	01/18/13	01/25/13	02/01/13	02/08/13
CLAIMS	3	3	3	3	3
PHARMACY	0	0	0	0	0
<b>TOTAL</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>

**Oldest Claim (Receipt Date) – December 12, 2012**

### 7.6 Bad File Defects

Defect #	Description	Status	Claim Count
16785	Hospice Assignment Plan	Cancelled 07/9/12	0
18833	Memory Issue	DMS Analyst Review Complete 10/29/12	0

### 7.7 Top Denial Reasons (By Detail Line)

Error	Description	Number of Denials
1010	Rendering Provider Not A Mem Of Billing Grp	17,829
2017	Services Covered Under Member's MCO Plan	17,110
4021	No Coverage for Billed Procedure	13,855
5001	Exact Duplicate	10,737
1955	Cannot Determine Medicaid NBR for Billing Prov	9,159
3317	This Service Was Not Approved by Medicare	6,746
4407	Bnft Plan/Aid Categ Restriction for Cov Rev Code	6,332
2003	Member Ineligible on Detail Date of Service	5,956
1032	Billing Provider not Eligible to Bill This Clm Typ	5,293
1908	NPI Only Submitted on Claim – Not on File	4,614

### 7.8 Mailroom

Imaging	Beginning Inventory	Receipts	Scanned	Ending Inventory	Oldest Item
Adjustment	0	268	268	0	0 days
Checks	0	253	253	0	0 days
RTP'S	0	1,000	1,000	0	0 days
Provider Enrollment	0	2,439	2,439	0	0 days

### 7.9 Top Suspense Reasons (By Detail Line)

Error	Description	Failures
1046	Facility Provider is Not Eligible	5,750
1047	Billing Provider is Not Eligible	5,697
5001	Exact Duplicate	3,022
6201	New Patient Med Svcs Lmt 1 or 2/Dentist	2,406
3001	PA Not Found on Database	2,137
3305	Member Requires Valid PT Liability for DOS	2,126
2001	Member ID Number not on File Recycle	2,073
4405	Unable to Assign Provider Contract	1,648
2505	Member Covered by Private Insurance (w/attach)	1,139
4014	No Pricing Segment on File	318

### 7.10 Suspended Original Claims by Age (By Claim)

Category	01/18/13		01/25/13		02/01/13		02/08/13	
	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.
0-30 days	9,678	93.03	5,968	90.55	6,100	90.83	9,794	90.83
31-60 days	250	2.40	133	2.02	124	1.85	93	1.85
61-90 days	90	.87	86	1.30	50	.74	64	.74
91+ days	385	3.70	404	6.13	442	6.58	441	6.58
<b>Total</b>	<b>10,403</b>		<b>6,591</b>		<b>6,716</b>		<b>10,392</b>	

**7.11 Total Suspended Claims by Location (By Claim)**

Category	01/18/13		01/25/13		02/01/13		02/08/13	
	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.
Resolutions	562	5.40	766	11.62	894	13.31	1,272	12.24
Med. Review	538	5.17	554	8.41	883	13.15	2,348	22.59
TPL	1,107	10.64	1,064	16.14	833	12.40	1,140	10.97
Adjustments	255	2.45	234	3.55	374	5.57	456	4.39
DMS	628	6.04	671	10.18	692	10.30	711	6.84
Recycle**	7,313	70.30	3,302	50.10	3,040	45.27	4,465	42.97
<b>Total</b>	<b>10,403</b>		<b>6,591</b>		<b>6,716</b>		<b>10,392</b>	

\*\*"Recycle" suspense consists of claims failing edits that must recycle for 8, 9, or 10 days before adjudicating.

**Note: Region 52 (Mass Adjustments) = 94.5% of suspense volume**

**Region 58 (SE Mass Adjustments) = 2.7% of suspense volume**

**Region 80 (SE Reprocessed Claims) = 0.0% of suspense volume**

**Region 90 (Special Batched Claims) = 0.0% of suspense volume**

**7.12 Claims Suspense Over 30 Days by Responsible Unit (By Claim)**

Category	01/11/13	01/18/13	01/25/13	02/01/13	02/08/13
Resolutions	9	42	11	6	1
Med.Review	40	41	40	29	10
TPL	543	75	1	0	0
Adjustments	8	13	3	3	1
Recycle	0	0	0	0	0
DMS	517	554	568	578	586
<b>Total</b>	<b>1,117</b>	<b>725</b>	<b>623</b>	<b>616</b>	<b>598</b>

**7.13 Claims Suspense Over 90 Days**

Suspense Inventory	Beginning Inventory	Received	Worked	Ending Inventory
	442	6	7	441

## 8 Third-Party Liability

### 8.1 Third-Party Liability Weekly Activity

Third Party Liability	Begin Inv	Received	Worked	To DMS	Ending Inventory	# Checks Exempt from 10 Day Requirement
PA40-Kames/Eligibles with Other Ins.	0	12	12	0	0	0
CS40-Child Support	0	0	0	0	0	0
SSI-Local Offices	0	0	0	0	0	0
TPL Edits	833	860	553	0	1,140	0
Accident/Trauma Leads	0	3	3	0	0	0
DMS Attorney	0	0	0	0	0	0
RUSH Attorney	0	0	0	0	0	0
HP Attorney	18	144	132	0	30	0
KY Assigned	0	0	0	0	0	0
Paternity	0	0	0	0	0	0
TPL Checks	164	71	39	0	196	0
HMS Checks	0	0	0	0	0	0
L P Mail-(Carriers)	1,751	1,125	1,306	0	1,570	0
Purged Data Research	0	0	0	0	0	0
Sus/Indicator	0	0	0	0	0	0
KHIPPS	0	0	0	0	0	0
<b>Total</b>	<b>2,766</b>	<b>2,215</b>	<b>2,045</b>	<b>0</b>	<b>2,936</b>	<b>0</b>

#### 8.1.1.1 Comments # Checks Exempt from 10 Day Requirement:

All checks in an exempt status can be viewed in Onbase under report FIN-2752. These checks are either awaiting documentation or are too large to complete in 10 days

Application of refunds to claim history is at 03 days

Online Interchange Updates are at 30 days

## 9 Finance/Adjustments

### 9.1 Financial - Cash

Category	Beginning Inventory	Received	Keyed	Return to Provider	To DMS	On Hold	Ending Inventory
Accounts Receivable Set-up	0	28	18	0	0	0	10
Payouts	0	6	6	0	0	0	0
Accounts Receivable Updates	0	139	137	0	0	0	2
Accounts Receivable Transfers	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>173</b>	<b>161</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12</b>

### 9.2 Financial - Checks

Category	Beginning	Received	Completed	Ending	Age Oldest Check	Julian date
Warrant	22	0	1	21	--	---
Financial	581	166	150	597	2	038
DMS	377	16	16	377	--	---
<b>Total</b>	<b>980</b>	<b>182</b>	<b>167</b>	<b>995</b>		

### 9.3 Financial – Adjustments

Category	Beginning Inventory	Received	Completed	Returns	Ending Inventory
Professional	50	90	55	27	58
Institutional	21	11	21	4	7
Voids	31	167	94	12	92
System Req Adj	0	0	0	0	0
Systems Req voids	0	0	0	0	0
EMC Adjustments	0	0	0	0	0
<b>Total</b>	<b>102</b>	<b>268</b>	<b>170</b>	<b>43</b>	<b>157</b>

**9.4 Financial - Age of Adjustments**

Category	Oldest Claim	Oldest Julian
Professional Straight	039	1 DAY
Professional Crossovers	039	1 DAY
Dental	-----	-----
Claim Credits	039	1 DAY
Institutional Straight	039	1 DAY
Institutional Crossovers	039	1 DAY

**9.5 Financial - Mass Adjustments**

Category	Beginning Inventory	Received	Entered	On Hold	Ending
Mass Adjustment (region 52)	0	0	0	0	0
Adjustments-Processed by HP SE (region 58)	0	0	0	0	0
Mass Credit	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

Category	In Process	Released	Deleted
Mass Adjustment (region 52)	50	6	10
Adjustments-Processed by HP SE (region 58)	0	0	0
Mass Credit	0	0	0
<b>Total</b>	50	6	10



## **10 Provider Relations**

### **10.1 Provider Communications**

#### **10.1.1 Most Common Provider Calls**

1. Claim Status
2. Eligibility
3. 5010 Inquiries
4. Prior Authorization
5. Manage Care Inquiries
6. Provider NPI/Taxonomy Inquiries
7. Member Calls/Member Services
8. KY Health Net Inquiries
9. Check Amount
10. Service Limitations

### **10.2 Provider Visits, Mini-Workshops, Teleconferences, Special Meetings, Training**

#### **10.2.1 Provider Visits**

There are no provider visits to report.

#### **10.2.2 Teleconferences**

February 7, 2013

Jackie Richie, HP Provider Representative, conducted a provider visit with Quantum Health in Hazard, Ky. to discuss 9000 paper claims submitted by the Provider with billing errors. Connie Castle, Johnnie Faye, and three others were present. Jackie reviewed the Provider Billing Instructions, including use of the NPI and entering the Medicaid Member ID in field 9a. Stayce Towles of HP also attended.

February 8, 2013

Jackie Richie, HP Provider Representative, conducted a provider visit with Kentucky Case Management in Louisville, Ky. She met with George and Tamika. Filing claims via KyHealth Net and retrieving RAs was discussed. Jackie provided a copy of the Provider Billing Instructions. Vicky Hicks of HP also attended.

#### **10.2.3 Representative Training**

There is no representative training to report.

#### **10.2.4 Association Meetings**

There are no association meetings to report.

**10.2.5 Research****DMS**

There is no DMS research to report.

**Provider**

There is no Provider research to report.

**10.2.6 Workshops**

There are no provider workshops to report.

**10.2.7 Accomplishments**

There are no operational activities to report.

**10.3 Training****10.3.1 Current Activities**

February 4, 2013

HP offered training to the Commonwealth staff on the Mechanics of Claims Processing.

February 6, 2013

HP offered training to the Commonwealth staff on the interChange Member subsystem.

February 8, 2013

HP offered training to the Commonwealth staff on the OnBase Provider subsystem.

**10.4 Looking Ahead**

The First Quarter 2013 training schedule has been distributed to Commonwealth users.

**10.4.1 Training Summary**

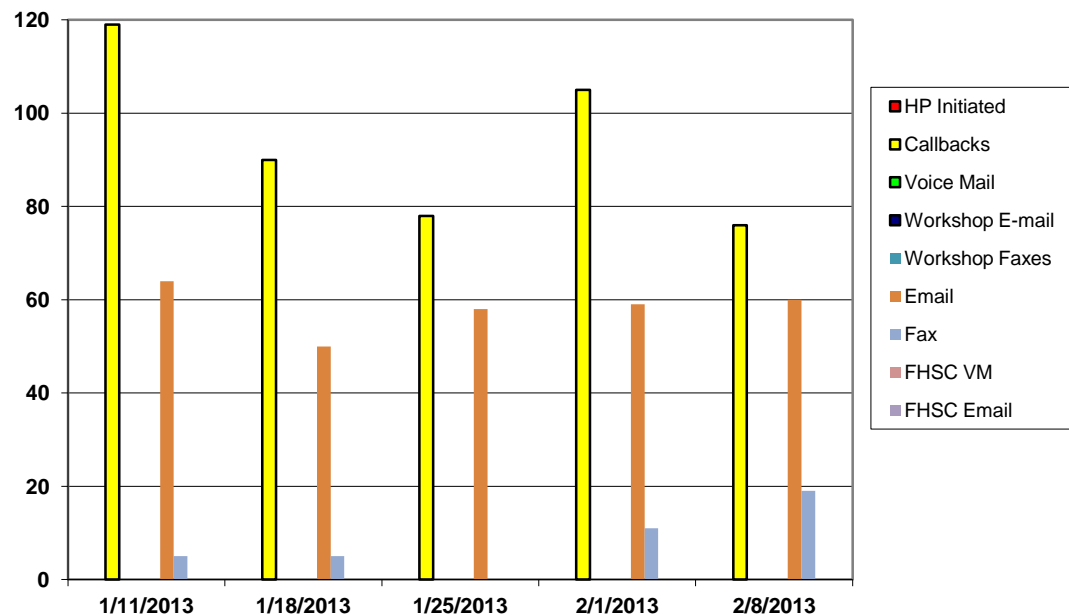
Category	Conducted
Provider Workshops	0
COMMONWEALTH	0
HP Enterprise Services	0

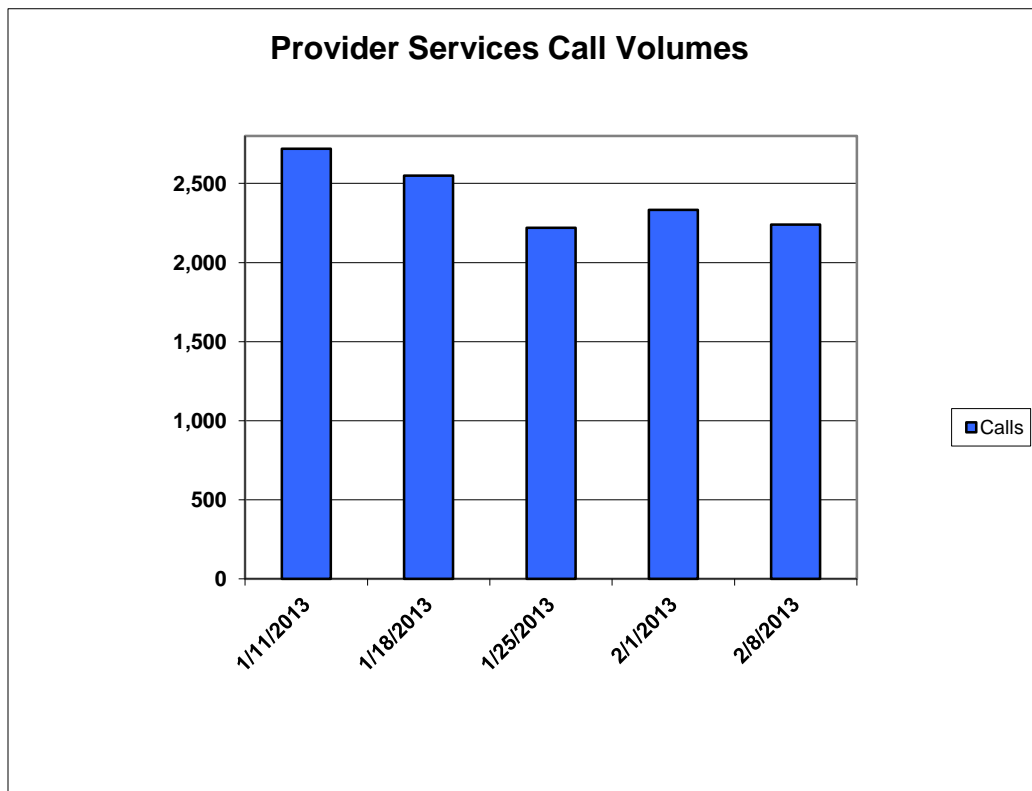
## 10.5 Provider Services

### 10.5.1 Provider Services Calls

Category	01/11/13	01/18/13	01/25/13	02/01/13	02/08/13
Incoming	2,720	2,550	2,220	2,333	2,240
HP Enterprise Services Initiated Calls	0	0	0	0	0
Callbacks	119	90	78	105	76
Voice Mail	0	0	0	0	0
Workshop E-Mail	0	0	0	0	0
Workshop Faxes/RSVP	0	0	0	0	0
Electronic E-Mail	64	50	58	59	60
Electronic Fax	5	5	0	11	19
FHSC/Voice Mails	0	0	0	0	0
FHSC/E-Mail	0	0	0	0	0
FHSC/Fax	0	0	0	0	0
Total	2,908	2,695	2,326	2,508	2,395

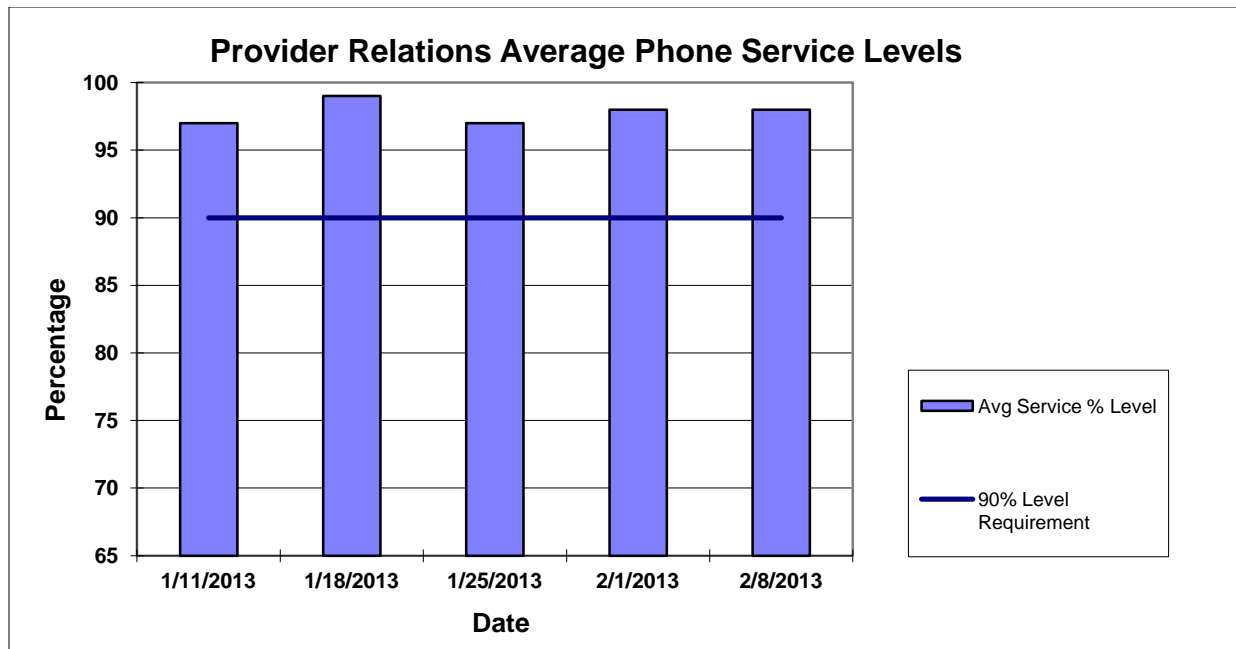
**Provider Services Contacts  
(excluding incoming calls)**





### 10.5.2 Phone Services

Category	01/11/13	01/18/13	01/25/13	02/01/13	02/08/13
Avg Answer Time (min/sec)	.36	.25	.48	.21	.19
Abandoned Calls	24	34	62	39	38
Avg Abandon Time (min/sec)	1:05	1:27	1:24	1:06	.58
% Service Level	97.00 %	99.00 %	97.00 %	98.00 %	98.00 %



### 10.5.3 Written Correspondence

	Beginning Inventory	Received	Completed	Ending Inventory	Oldest (Julian Date)
Paper	0	380	380	0	0(000)
Email	4	60	61	3	4(039)
Telephone	0	0	0	0	0
Telephone provider inquiry research	0	14	8	6	6(039)

### 10.5.4 Communication Publications

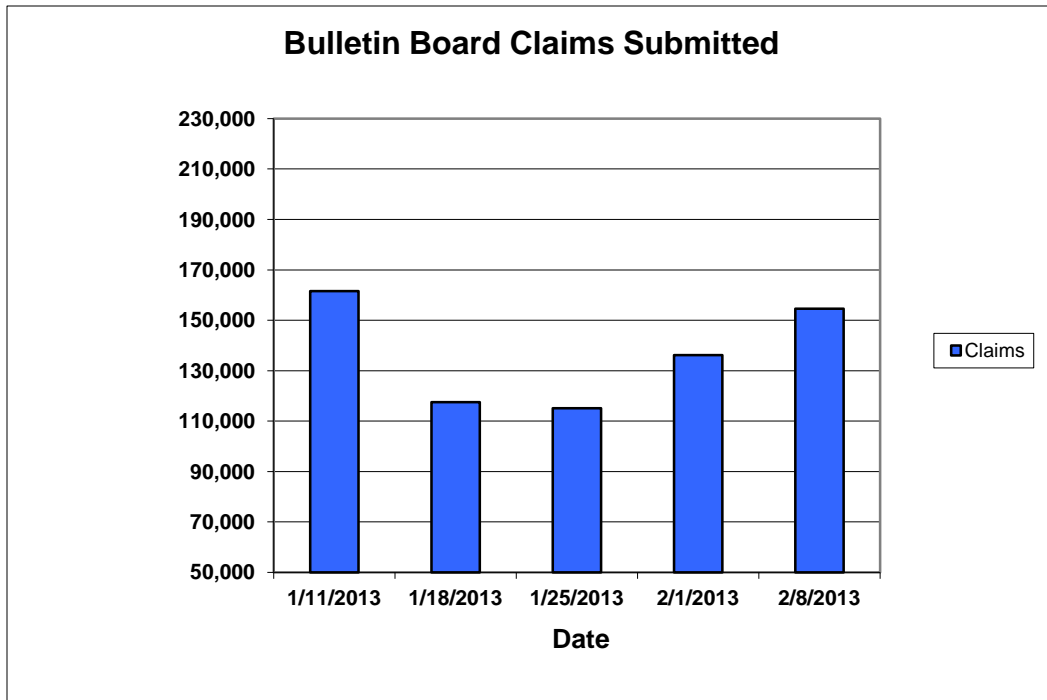
Mailed	Other Distribution	Total
0	0	0

## 11 Unplanned System Outages

A Breakdown Of The Downtime		
Date	Minutes	Reason For Downtime
02/08/2013	0	There were no unplanned outages

## 12 Bulletin Board System

	01/11/2013	01/18/2013	01/25/2013	02/01/2013	02/08/2013
Number of Claims Submitted	161,503	117,506	117,165	136,128	154,545



## 13 Electronic Data Interchange

### 13.1 Electronic Data Interchange Weekly Activity

This measure reflects the number of providers testing. Multiple tests may be needed before a provider is approved for electronic billing but the provider is counted only once in each category.

\*NPI tests are included in totals, and then broken out in the last stat.

#### BBS Test

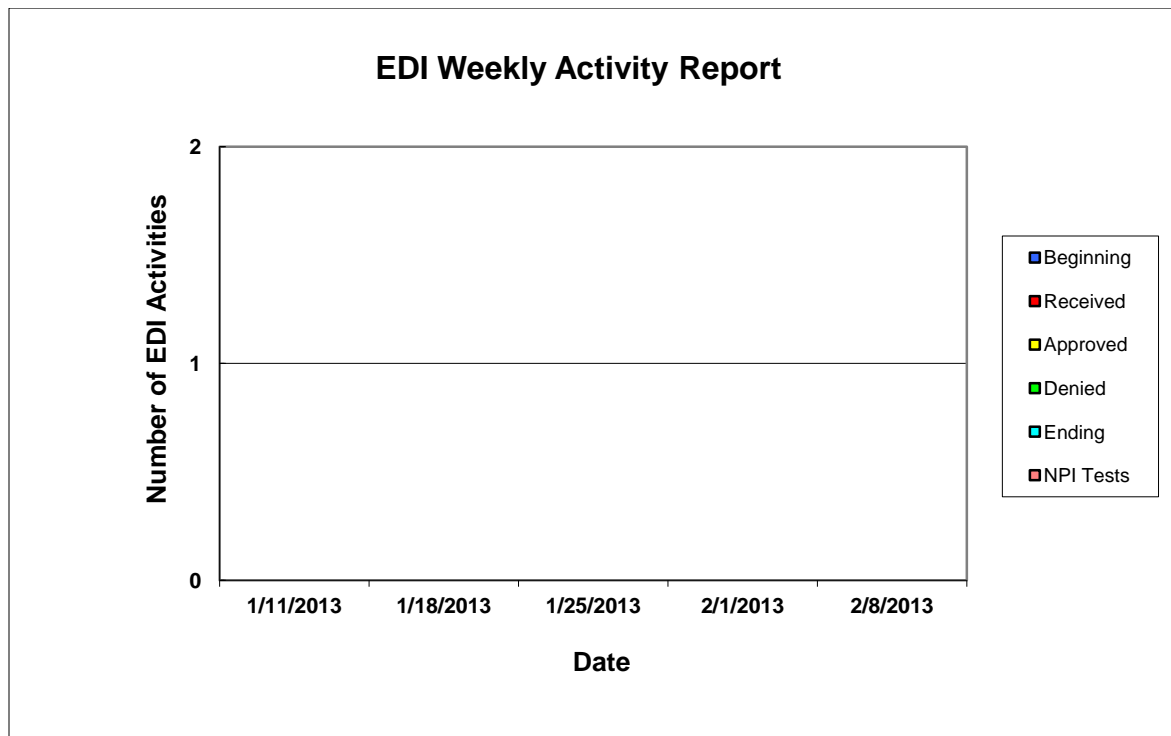
Category	01/11/2013	01/18/2013	01/25/2013	02/01/2013	02/08/2013
Beginning Inventory	0	0	0	0	0
Tests Received	0	0	0	0	0
Tests Approved	0	0	0	0	0
Tests Denied	0	0	0	0	0
New Providers Submitting	0	0	0	0	0
Ending Inventory	0	0	0	0	0
NPI Test*	0	0	0	0	0

#### New Providers Submitting

There were no new providers submitting to report.

#### New Trading Partners Still Testing

No new trading partners still testing to report.



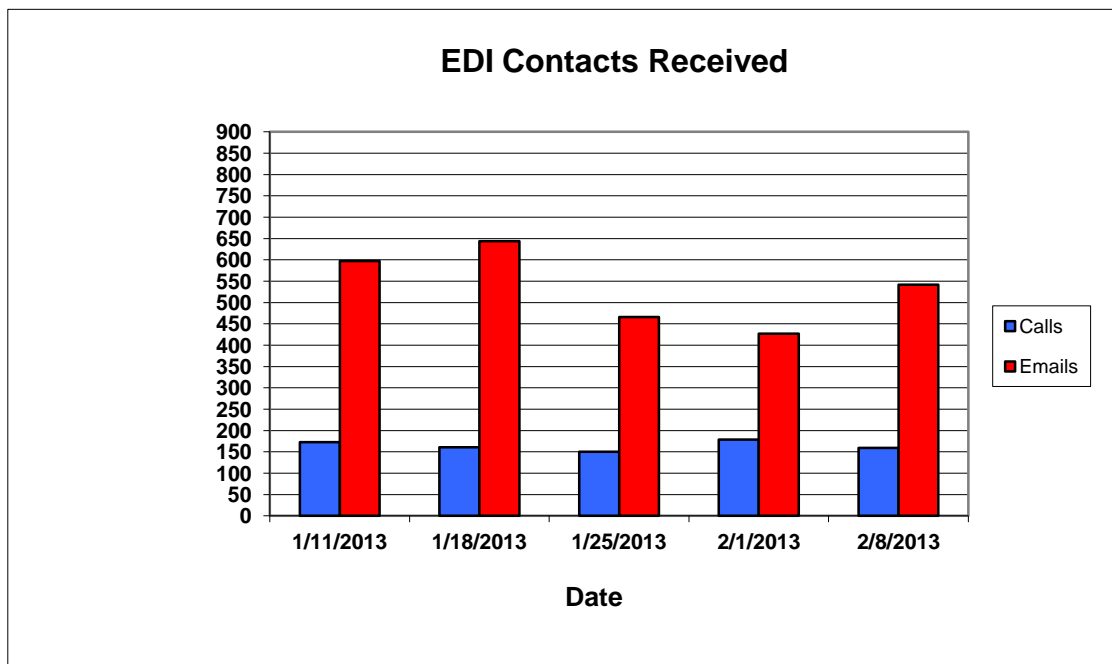


### 13.2 Electronic Data Interchange Calls Received

Category	01/11/2013	01/18/2013	01/25/2013	02/01/2013	02/08/2013
EDI Calls	173	161	150	179	159
Abandoned Calls	5	0	2	2	1
Avg Speed of Answer	:21	:04	:08	:08	:05
Avg Talk Time	3:02	3:06	2:39	2:45	2:41

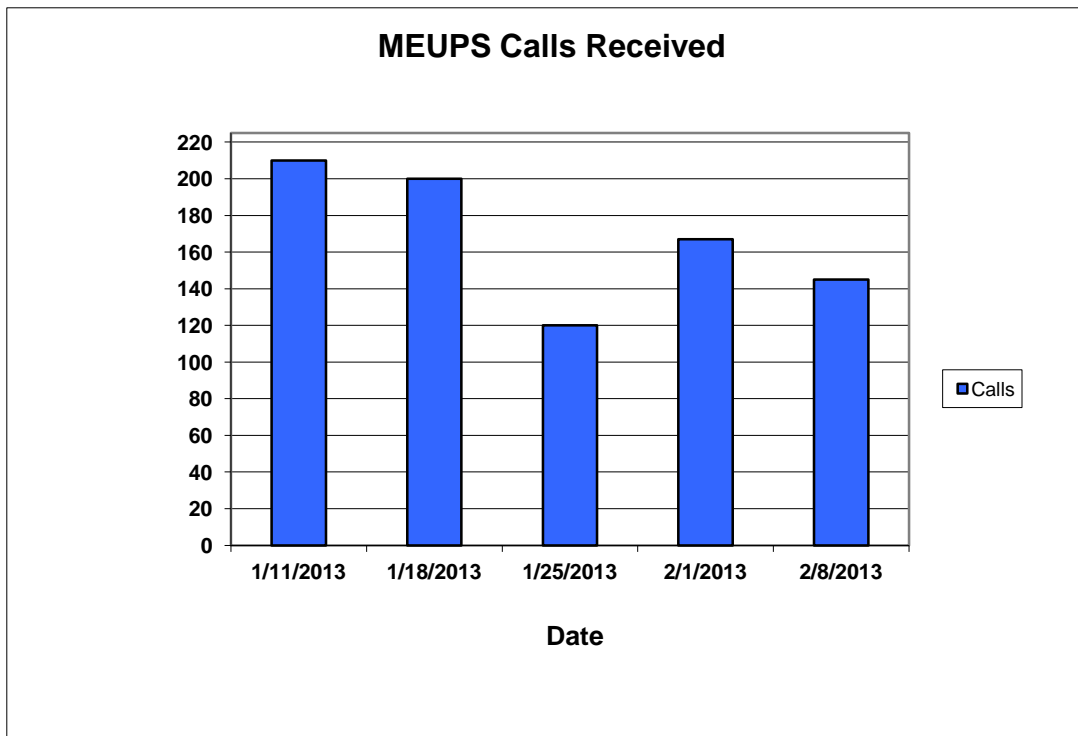
### 13.3 Email Requests

Category	01/11/2013	01/18/2013	01/25/2013	02/01/2013	02/08/2013
Emails Received	597	644	466	427	542
Answered	597	644	466	427	542



## 14 MEUPS Calls Received

Category	01/11/2013	01/18/2013	01/25/2013	02/01/2013	02/08/2013
MEUPS Calls	210	200	120	167	145
Avg Speed of Answer	0:16	0:09	0:11	0:04	0:07
Avg Talk Time	1:58	2:14	2:18	1:57	1:59



## 15 Voice Response

Category	01/11/2013	01/18/2013	01/25/2013	02/01/2013	02/08/2013
Calls Completed	2932	2589	2306	2317	2580
Avg. Speed of Answer	:01	:01	:01	:01	:01
Avg. Talk Time	1:34	1:32	1:32	1:33	1:29

